

Application No. (if known): 10/562,086

Attorney Docket No.: 59441RCE2(11259)

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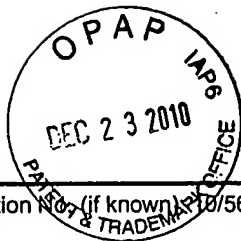
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Request for Continued Examination Transmittal (2 pages)
Fee Transmittal (2 pages)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)
Information Disclosure Statement (2 pages)
PTO Form SB/08 (2 References/1 page)
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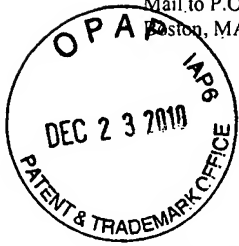
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EDWARDS ANGELL PALMER & DODGE LLP

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Mail to P.O. Box 55874
Boston, MA 02205



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(617) 517-5516
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KPiffat@eapdlaw.com

December 23, 2010

Via E-Mail

Kimberly O'Connell, Esq.
Legal Counsel
Roger Williams Hospital
Research Administration
825 Chalkstone Avenue
Providence, Rhode Island 02908-4735

Re: U.S. Patent Application
Title: METHODS OF PRODUCING DIFFERENTIATED HEMATOPOIETIC
CELLS FOR TREATMENT OF CYTOPENIA
Assignee: Roger Williams Hospital
Application No.: 10/562,086
Filing Date: December 23, 2005
Inventor: Peter J. Quesenberry
Our Reference: 59441RCE2(11259)

Dear Kim:

Enclosed please find a copy of a Request for Continued Examination, an Amendment, an Information Disclosure Statement and related papers that were filed today with the U.S. Patent and Trademark Office in connection with the above-referenced patent application.

We will keep you apprised of further developments as they occur. If you have any questions or concerns, please do not hesitate to contact us.

Best regards,

A handwritten signature in cursive script, appearing to read "Kathryn Piffat".

Kathryn A. Piffat, Ph.D., Esq.

KAP/deg

Enclosures

cc: Dr. Peter J. Quesenberry (w/o Enclosures)

Inventor: Peter J. Quesenberry

Application No.: 10/562,086-Conf. #3235

Filing Date: December 23, 2005

Title: METHODS OF PRODUCING DIFFERENTIATED HEMATOPOIETIC CELLS
FOR TREATMENT OF CYTOPENIA

Documents Filed:

Request for Continued Examination Transmittal (2 pages)

Three Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Information Disclosure Statement (2 pages)

PTO Form SB/08 (2 References/1 page)

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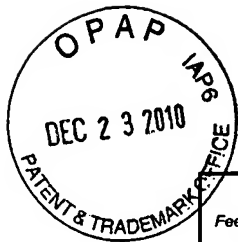
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PTO/SB/17 (10-08)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/562,086-Conf. #3235
TOTAL AMOUNT OF PAYMENT		Filing Date	December 23, 2005
(\$)		First Named Inventor	Peter J. Quesenberry
1,920.00		Examiner Name	LE Barnhart
		Art Unit	1651
		Attorney Docket No.	59441RCE2(11259)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
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<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 04-1105
Deposit Account Name: Edwards Angell Palmer & Dodge LLP	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						52	26
Each independent claim over 3 (including Reissues)						220	110
Multiple dependent claims						390	195
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
- 20 or HP		x	=		Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 6 or HP		x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1253 Extension for response within third month						1,110.00	
1801 Request for continued examination (RCE) (see 37 ...						810.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Piffat, Ph.D. Esq.	Telephone	(617) 517-5516
		Date	December 23, 2010



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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009		Complete if Known	
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(\$)		First Named Inventor	Peter J. Quesenberry
1,920.00		Examiner Name	LE Barnhart
		Art Unit	1651
		Attorney Docket No.	59441RCE2(11259)

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
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Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims - 20 or HP = x = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims - 6 or HP = x = **Fee Paid (\$)**

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1253 Extension for response within third month	1,110.00
1801 Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY			
Signature	<i>Kathryn A. Piffat, Ph.D.</i>	Registration No. (Attorney/Agent)	34,901
Name (Print/Type)	Kathryn A. Piffat, Ph.D., Esq.	Telephone	(617) 517-5516
		Date	December 23, 2010